General

Guideline Title

Best evidence statement (BESt). Decreasing compassion fatigue among pediatric intensive care nurses using self-care skills and compassion fatigue training.

Bibliographic Source(s)

Cincinnati Children's Hospital Medical Center. Best evidence statement (BESt). Decreasing compassion fatigue among pediatric intensive care nurses using self-care skills and compassion fatigue training. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2013 Jul 17. 5 p. [6 references]

Guideline Status

This is the current release of the guideline.

Recommendations

Major Recommendations

The strength of the recommendation (strongly recommended, recommended, or no recommendation) and the quality of the evidence (1a-5b) are defined at the end of the "Major Recommendations" field.

It is recommended that nurses working in pediatric intensive care settings receive training that includes compassion fatigue awareness, coping strategies, stress management, relaxation techniques and self-care interventions to decrease the level of compassion fatigue experienced in the work environment (Marine et al., 2009 [1a]; Gunusen & Ustun, 2010 [2a]; Kravits et al., 2010 [4a]; Meadors & Lamson 2008, [4a]).

Definitions:

Table of Evidence Levels

Quality Level	Definition
1a† or 1b†	Systematic review, meta-analysis, or meta-synthesis of multiple studies
2a or 2b	Best study design for domain
3a or 3b	Fair study design for domain
4a or 4b	Weak study design for domain

5a or 5b Quality Level 5	General review, expert opinion, case report, consensus report, or guideline Definition Local Consensus

†a = good quality study; b = lesser quality study

Table of Language and Definitions for Recommendation Strength

Language for Strength	Definition
It is strongly recommended that… It is strongly recommended that… not…	When the dimensions for judging the strength of the evidence are applied, there is high support that benefits clearly outweigh risks and burdens (or visa-versa for negative recommendations).
It is recommended that… It is recommended that… not…	When the dimensions for judging the strength of the evidence are applied, there is moderate support that benefits are closely balanced with risks and burdens.
There is insufficient evidence and a lack of consensus to make a recommendation…	

Note: See the original guideline document for the dimensions used for judging the strength of the recommendation.

Clinical Algorithm(s)

None provided

Scope

Disease/Condition(s)

Compassion fatigue, including burnout, emotional exhaustion, and workplace stress

Guideline Category

Counseling

Prevention

Clinical Specialty

Critical Care

Nursing

Pediatrics

Intended Users

Advanced Practice Nurses

Hospitals

Nurses

Guideline Objective(s)

To evaluate, among pediatric intensive care nurses, if functional knowledge of compassion fatigue and the practice of self-care skills, compared to not, demonstrates less compassion fatigue

Target Population

Nurses working in pediatric intensive care settings who provide direct patient care

Interventions and Practices Considered

Compassion fatigue training, including the functional knowledge of compassion fatigue and the practice of self-care skills

Major Outcomes Considered

Reduction of compassion fatigue

Methodology

Methods Used to Collect/Select the Evidence

Searches of Electronic Databases

Description of Methods Used to Collect/Select the Evidence

Search Strategy

- Databases: CINAHL, MEDLINE
- Search Terms: Compassion Fatigue, Self-Care, Burnout, Workplace Stress, Coping, Intensive Care Nursing, Pediatric Nursing
- Limits, Filters, Search Dates: Limited to English literature; all search dates included.
- Date Search Done: April 9, 2013

Number of Source Documents

Not stated

Methods Used to Assess the Quality and Strength of the Evidence

Weighting According to a Rating Scheme (Scheme Given)

Rating Scheme for the Strength of the Evidence

Table of Evidence Levels

Quality Level	Definition
1a† or 1b†	Systematic review, meta-analysis, or meta-synthesis of multiple studies
2a or 2b	Best study design for domain
3a or 3b	Fair study design for domain
4a or 4b	Weak study design for domain
5a or 5b	General review, expert opinion, case report, consensus report, or guideline
5	Local Consensus

†a = good quality study; b = lesser quality study

Methods Used to Analyze the Evidence

Systematic Review

Description of the Methods Used to Analyze the Evidence

Not stated

Methods Used to Formulate the Recommendations

Expert Consensus

Description of Methods Used to Formulate the Recommendations

Not stated

Rating Scheme for the Strength of the Recommendations

Table of Language and Definitions for Recommendation Strength

Language for Strength	Definition
It is strongly recommended that… It is strongly recommended that… not…	When the dimensions for judging the strength of the evidence are applied, there is high support that benefits clearly outweigh risks and burdens (or visa-versa for negative recommendations).
It is recommended that… It is recommended that… not…	When the dimensions for judging the strength of the evidence are applied, there is moderate support that benefits are closely balanced with risks and burdens.
There is insufficient evidence and a lack of consensus to make a recommendation…	

Note: See the original guideline document for the dimensions used for judging the strength of the recommendation.

Cost Analysis

A formal cost analysis was not performed and published cost analyses were not reviewed.

Method of Guideline Validation

Peer Review

Description of Method of Guideline Validation

This Best Evidence Statement (BESt) has been reviewed against quality criteria by two independent reviewers from the Cincinnati Children's Hospital Medical Center (CCHMC) Evidence Collaboration.

Evidence Supporting the Recommendations

References Supporting the Recommendations

Gunusen NP, Ustun B. An RCT of coping and support groups to reduce burnout among nurses. Int Nurs Rev. 2010 Dec;57(4):485-92. PubMed

Kravits K, McAllister-Black R, Grant M, Kirk C. Self-care strategies for nurses: A psycho-educational intervention for stress reduction and the prevention of burnout. Appl Nurs Res. 2010 Aug;23(3):130-8. PubMed

Marine A, Ruotsalainen JH, Serra C, Verbeek JH. Preventing occupational stress in healthcare workers (Review). Cochrane Collaboration. 2009;1:1-44.

Meadors P, Lamson A. Compassion fatigue and secondary traumatization: provider self care on intensive care units for children. J Pediatr Health Care. 2008 Jan-Feb;22(1):24-34. PubMed

Type of Evidence Supporting the Recommendations

The type of supporting evidence is identified and graded for each recommendation (see the "Major Recommendations" field).

Benefits/Harms of Implementing the Guideline Recommendations

Potential Benefits

Decreased incidence of compassion fatigue among pediatric intensive care nurses

Potential Harms

Not stated

Qualifying Statements

Qualifying Statements

This Best Evidence Statement addresses only key points of care for the target population; it is not intended to be a comprehensive practice guideline. These recommendations result from review of literature and practices current at the time of their formulation. This Best Evidence Statement does not preclude using care modalities proven efficacious in studies published subsequent to the current revision of this document. This document is not intended to impose standards of care preventing selective variances from the recommendations to meet the specific and unique requirements of individual patients. Adherence to this Statement is voluntary. The clinician in light of the individual circumstances presented by the patient must make the ultimate judgment regarding the priority of any specific procedure.

Implementation of the Guideline

Description of Implementation Strategy

Applicability Issues

Implementation of a compassion fatigue training program would require trained instructors educated in the components needed to meet the desired objectives, including compassion fatigue awareness, self-care and coping skills. Resources required would include a comfortable learning environment, materials and supplies needed for training, such as paper or electronic copies of materials for participants, and presentation equipment. Participants would require time away from the patient care area for training which could be incorporated into approved educational time. Small numbers of participants could attend multiple sessions, due to the limitations of removing a large number of staff from the unit at one time.

Implementation Tools

Audit Criteria/Indicators

For information about availability, see the *Availability of Companion Documents* and *Patient Resources* fields below.

Institute of Medicine (IOM) National Healthcare Quality Report Categories

IOM Care Need

Staying Healthy

IOM Domain

Effectiveness

Identifying Information and Availability

Bibliographic Source(s)

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Adaptation

Not applicable: The guideline was not adapted from another source.

Date Released

2013 Jul 17

Guideline Developer(s)

Cincinnati Children's Hospital Medical Center - Hospital/Medical Center

Source(s) of Funding

Cincinnati Children's Hospital Medical Center

No external funding was received for development of this Best Evidence Statement (BESt).

Guideline Committee

Not stated

Composition of Group That Authored the Guideline

Team Leader/Author: Julianne Andreotta, BSN, RN, CPN, Cardiac Intensive Care Unit

Support/Consultant: Barbara K. Giambra, MS, RN, CPNP, Evidence-Based Practice Mentor, Center for Professional Excellence, Research and Evidence-Based Practice

Financial Disclosures/Conflicts of Interest

Conflict of interest declaration forms are filed with the Cincinnati Children's Hospital Medical Center (CCHMC) Evidence-Based Decision Making (EBDM) group. No financial or intellectual conflicts of interest were found.

Guideline Status

This is the current release of the guideline.

Guideline Availability

Electronic copies: Available from the Cincinnati Children's Hospital Medical Center Web site .

Print copies: For information regarding the full-text guideline, print copies, or evidence-based practice support services contact the Cincinnati Children's Hospital Medical Center Health James M. Anderson Center for Health Systems Excellence at EBDMInfo@cchmc.org.

Availability of Companion Documents

The following are available:

- Judging the strength of a recommendation. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2009 May 7. 1 p. Available

from the Cincinnati Children's Hospital Medical Center (CCHMC) Web site .

- Grading a body of evidence to answer a clinical question. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2009 May 7. 1 p. Available from the CCHMC Web site .
- Table of evidence levels. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2009 May 7. 1 p. Available from the CCHMC Web site .

Print copies: For information regarding the full-text guideline, print copies, or evidence-based practice support services contact the Cincinnati Children's Hospital Medical Center Health James M. Anderson Center for Health Systems Excellence at EBDMInfo@cchmc.org.

In addition, suggested process or outcome measures are available in the original guideline document .

Patient Resources

None available

NGC Status

This NGC summary was completed by ECRI Institute on December 2, 2013.

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